



RECEIPT OF PAYMENT

Receipt Number:	2024084459
Receipt Date:	01/16/2024
Date Paid:	01/16/2024
Payment Method:	Check,
Check Number:	1106,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	RAINTREE MASSAGE, Address:891 SW LEMANS LN, Phone:(816) 258-9088

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62240024	\$50.00